BES. .. /AILABLE COP

									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003)	10829223					
		CLAIMS A	S FILED (Colum		(Column 2)			SMALL ENTIT			OTHER THAI			
TOTAL CLAIMS			19					RATE FE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			19 minus 20=		. 9			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		* \$			X43=			OR	X86=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				-	+145=			OR	+290=		
* [the difference	e in column 1 is	less than z	ero, enter	"0" in c	column 2	. !	TOTA		· · · · · · · · · · · · · · · · · · ·	OR	TOTAL	#10	
CLAIMS AS AMENDED - PART II											1	OTHER		
	·	(Column 1)	,	(Colun		(Column 3)		SMAL			OR	SWALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	F	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	·	= .		X\$ 9=	-		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=		
							į	TOTA	AL			TOTAL		
•	(Column 1) (Column 2) (Column 3)								E L	 -	1011	ADDIT. FEE		
		CLAIMS		HIGHE	ST	Columnia	ſ		Т	ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY.	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=			OR	X\$18=		
	Independent	<u> * </u>	Minus	***	· 	=		X43=			OR	X86=		
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=		
:								TOTA ADDIT. FE			OR	TOTAL ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)												
MEN		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		.=		X\$ 9-	T		OR	X\$18=		
	Independent	*	Minus	**		=	-	X43=	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		ı		· · · · · ·	
+145=											OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
**		ne Provincely Poid				highaet aumhar l	lour	d in the a	onre	oriate box	in colu	ımın 1		